PNP94L066 WNC771

ROYAL BELFAS

CH 364077

MSTR ADAM STRAIN

[redacted]

Surname and First Names

04/09/91

Male

[redacted]

EHSSB

Address ....

Occupation .... WD/OP CONSULTANT

musgrave -
scouse

	Age	Hospital No.

Clinical Diagnosis ....

Relevant History, clinical findings and previous operations ....

.... CXR - pre-renal transplant

Radiological information required ....

FOR DEPARTMENTAL USE

Previous X-Ray | Yes | No | Previous No's ....

Appointment for examination of .... at ...... a.m. p.m. on ....

Date of Request:

X-RAY REQUEST FORM

AS - ROYAL

057-019-028

MR / 7/1

ADDITIONAL NOTES

Number	Date	Radiographers Remarks	Signature

Date	17 x 14	15 x 12	14 x 14	15 x 6	12 x 10	10 x 8	8 x 6	6 x 4	Occl.	Dental	Others